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Chapter Eight

The Threatened Sperm: Parenthood in the Age of Biomedicine

Susanne Lundin

Mats twists in his chair, trying to find a comfortable position without waking the slumbering baby in his lap. Three months ago he became a father, to Gustav. He and his wife Eva are no longer just a couple but are now what they call a real family. It is possibly this feeling of security in belonging to an accepted social unit that enables Mats to speak openly about the complicated feelings that childlessness awakened in him.

Mats and Eva had tried to have a child for a little more than a year before they suspected that something might be amiss and sought medical help. At the Women's Clinic in Sweden they were told not to worry as "these things sometimes took a bit of time." The months passed by and they became more and more convinced that there was something wrong with Eva. Over the next few months, she was examined a number of times until, with the aid of keyhole surgery, the doctor was finally able to confirm that there was no physical defect. Mats became the center of attention after this, and tests soon showed that he had poor-quality sperm, not good enough to produce children. Shortly afterward, Mats and Eva were offered treatment at the Women's Clinic.

In Sweden, about 250,000 couples are involuntarily childless. This is a situation that often leads to complicated feelings about everything from the meaning of parenthood to the relation between sexuality and reproduction. Those women and men who do not want to accept a life without children can now choose among several forms of artificial reproduction. In 1978, the first so-called test-tube baby was born in England, and in Sweden, the first was in 1982. Since then, about 7,000 Swedish children have come into being by such methods. In vitro fertilization (IVF) is the medical umbrella term for all treatments whereby conception takes place outside the body. Assisted fertilization refers to methods by which conception takes place in the woman's body—for example, microinjection where sperm with reduced quality is transferred into

the egg with a pipette. It was such artificial insemination (Intracytoplasmic Sperm Injection, or ICSI) that was offered to Mats and Eva. With the aid of technology, parenthood can thus be realized. But the possibilities offered by technology are—as we will see—not without complications.

The starting point for this article is the interplay between medical technology and people's longing for parenthood. In the early 1990s, at the start of my research on reproductive technology, I was confronted by a world of high-tech equipment and medical records, doctors, diagnoses, and medical management, side by side with childless couples uncertain of their own self-identity but full of hope about parenthood. This was certainly a specific sociocultural arena, and, simultaneously, a scene of action for numerous questions of burning interest to society.

It immediately became apparent that the medical procedure was only one part of the treatment carried out at the clinics. Of at least equal importance, although difficult to nail down, were those cultural actions, the guiding principles whereby the actual sexual roles, the optimal body, and the real family were created (see Rapp 1993; Strathern 1992; Franklin 1993; Ragoné 1994; Rose 1994; Stone 1997).

The basis for this discussion consists of interviews with childless couples.[1] The focus is thus on couples, which says more about the Swedish law than about social reality. Childlessness is certainly not only a problem for married women and men. When Swedish statistics report data on childless people, they also contain a large dark figure including all those individuals who have not been registered by inquiries into infertility, namely, single people as well as homosexual and lesbian couples. Sweden is, as I have discussed elsewhere (Lundin 1996, 1997b), the most restrictive country in the Western world as regards artificial conception. Moreover, only heterosexual couples receive treatment.[2]

In the following, we will meet some of these women and men, and follow their encounters with the medical world. The clinic is the first step in the treatment program that will, as they hope, result in parenthood. At the same time, they enter into another journey where their innermost preconceptions about parenthood and identity clash with cultural and medical practice. They not only undergo medical treatment, but also an identity- and gender-forming process.

Could It Be the Man's Fault?

Within gender analysis, a relational approach prevails, that is, the knowledge that society always ought to be observed against a background of social and gender-based conditions (Jordanova 1989; Butler 1990; Showalter 1992).[3] A common link in the last decade's feminist critique has been to describe women's situation in a world interpreted primarily through male values. Less attention has been paid to those contexts where women's skills are prioritized

and men's experiences are more hidden (Uddenberg 1982; Frykman 1991). The following discussion examines this perspective—a focus on male identity and fatherhood in relation to motherhood—against a background of specifically Swedish experiences. This brings us back to Mats and Eva.

When Mats was informed about his malformed sperm, almost two years had passed from the couple's first contact with a doctor. One can, of course, ask why the fertility tests concentrated primarily on Eva. Even Mats and Eva had concluded that "it was her there was something wrong with." Obviously the experts and the couple themselves had considered infertility a mainly female problem. This supposition can be considered remarkable given the history of sperm donation since the 1920s.[4] It is also a routine measure today to ask the man for a sperm sample. The medical profession is also highly competent in treating both female and male infertility, and the increasingly common process of microinjection is one example of this.

One can thus state that the medical competence exists that should have stopped the one-sided examination and the delayed treatment. But medical theory and actual routines are two different things. Even though Mats and Eva's case took place a few years ago, before microinjection became a standard method of treatment, their experiences are not unique, but shared by many other childless couples. This situation raises the question of if the examination of the couple's infertility was not only guided by the relevant medical knowledge but also by cultural and gender-specific values, from an uncritical "conviction that," as Mats said, "it just can't be anything to do with the man." Eva was also convinced that such a thought process exists, and she expressed how this presumption affected not only the clinic's position but also her own and Mats's reactions as follows:

> Nobody, absolutely nobody said anything indicating that there could be something wrong with Mats. We finally realized that this could be the case and Mats gave some sperm samples in the summer of 1989. The results showed that 90% were malformed. This of course created new roles for us both. Mats was totally shattered because it was him who had the problem, my reaction was to be angry with the gynecologist who had never even mentioned such a possibility.

Mats himself said that it was like being "struck by lightning, just think, I could only produce powerless sperm, I wasn't a real man anymore." Involuntary childlessness usually leads to mutual sorrow due to the perception of a future life without children, being unlike a family that fulfills a "natural place" in society. It becomes clear that childlessness also awakens other very specific questions about female and male identity, as seen in the couple's reaction on hearing that Eva was healthy. Their mutual relationship was altered at once. Suddenly, it was not Eva's womb and her sadness about missing out on motherhood that was most important, but Mats's infertility, or more to the point, his weak sperm, which he increasingly came to associate with both reduced fertility and atrophied sexuality.

Other men relate similar experiences. Jan, who eventually became a father through insemination in Finland, says, that "even though I had tried to prepare myself for the worst it was almost as if someone had turned off the sun. I felt worthless in bed and just plain unmanly." For both these men, the information pertaining to useless sperm meant that they did not feel themselves to be adequate men. It is clear that their sperm symbolizes more than just reproductive material, which gives us reason to look more closely at the relationship between semen, fertility, and the desire to be a "real man" (cf. Beck and Beck-Gernsheim 1995).

Gender and Biology

The modern Western link between egg and sperm, between male sexuality and identity, is by no means a universal figure of thought. Old folk myths, as for example among the Yenga Tale in Africa, give us a hint of a conceptual world in which children come about solely by the agency of women (see Neely 1984). The Western concept of Mother Earth is also a metaphor based on an interpretation of reproduction that differs from today's knowledge. It presents an organic image in which nature is identified with an autonomous female fertility, very like that of the Yenga Tale.[5]

The mechanistic world view of the fifteenth century in Europe resulted in the growth of new value systems that denied "Mother Earth," as well as women in general, her dominant and life-giving role. Instead, the concept of female unpredictability was put forward, of chaos that had to be controlled by male rationality (Merchant 1989). The following centuries saw the transformation of nature into a controllable and profit-making resource, at the same time that women's bodies increasingly became objects for man's desire and vessels for the fruits of his body.[6]

Now we should not be misled into thinking that men and women in the past were perceived as being sexually similar, let alone equally valuable for reproduction. The female orgasm was not considered less important than the male's release of semen; even in the face of the emerging image of female passivity contra male dynamism, this analysis stayed alive until the age of the Enlightenment.

This ideological reorientation resulted in consequences for sexual functions as well as for views of reproduction. Women and men assumed increasingly more opposed positions that resulted in the woman's passive role being complemented by the male's mission to conquer (Johannisson 1994; Laqueur 1994). One might have assumed that the discovery of the woman's egg in the nineteenth century ought to have corrected ideas about propagation. In reality, a scientific legitimacy was created for society based on gender separation; the egg became the symbol for the woman's stupidity and compliance, whilst the sperm distinguished itself as the warrior of desire.

In her classic study *The Woman in the Body*, Martin (1987) showed how specific conceptions prevail in medicine that can, for example, foster the image of a passive egg into which target-conscious sperm drill. Martin raised the issue of whether the egg is not, in fact, powerfully pulling small insecure sperm toward it, or whether the male and female parts of reproduction are involved in equal measure. Most descriptions of the process are firmly based on a form of gender construction in which women are passive beings as opposed to the active role played by men. But the strength of these values can also be confirmed by medicine's seeming biological objectivity. The message is clear, women's subordination to male superiority has a genetic base.

The insight that scientific facts are culturally impregnated has had a tremendous impact. On the basis of these epistemological premises, feminist scholars besides Martin have shown how, for example, the medical world is steered by patriarchal patterns of thought (cf. Haraway 1997; Jordanova 1989). This is a phenomenon that has been called the Male Gaze, by which it is seen to be the man's task to engender children, and the woman's duty to "hatch" the fertilized eggs. These images leave no room whatsoever for male imperfection; ultimately, this means that male infertility is culturally unacceptable.

There are many scientific theories as to how male supremacy is reproduced. If these theories are tested, it becomes evident that old patriarchal norms permeate our world view. A striking example is the investigation of Mats and Eva. This clearly shows that, although new interpretations of reproduction have had an impact on the medical world, health care is still influenced by a diffuse assumption that childlessness cannot be due to a male defect. At the same time, empirical studies, such as my own, show that theories of the Male Gaze are sometimes too one-sided (cf. also Jay 1993). They concentrate too often on the formation of female subordination. But the tenacious patriarchal ideas do not just produce images of women. As we will see, special images of men also arise, images that are not always radiating dictatorial powers, but sometimes even vulnerability.

In the Female Arena

Inspired by Martin's discourse analysis, I plunged into the specialist medical literature. The aim of my close scrutiny of gynecological texts was to find a link between ideology and practice, between scientific descriptions and gender construction. I soon noted that terms such as passive eggs and active sperm did not occur in textbooks on gynecology and obstetrics.[7] Furthermore, it turned out that the description of the egg in the passive voice as *being fertilized* had its grammatical counterpart in descriptions of sperm *being deposited* in the vagina during intercourse. It was thus difficult to find a gender-determined way of thinking about reproduction in the experts' own texts.

These terms explicitly support the view that conception occurs in cooperation between egg and sperm. Indeed, as one doctor said, "today everyone knows that it is actually the egg that attracts the sperm to it."

But although old ideas about male activity and female passivity are no longer found in gynecological texts, they occur instead in a more elusive way in the encounter between doctor and patient. Examples can be found in the medical information aimed at childless parents. In *Hjälp till graviditet* ("Assistance to Pregnancy") the reader is told that fertilization takes place in the Fallopian tube, "to which the sperm *have swum,*" whereas "the egg cell *is transported* to the uterus" (Sundström 1992, italics mine).

What patients encounter while reading these texts, and what I observed them encountering at the clinics, indicated that there was a gap here between theory and practice, between the experts' doctrines and what happens in everyday hospital work. It is in the interplay between these different modes of thought that certain images of the man emerge, images that differ a great deal from the standard cultural profile of the man. Listen, for example, to how a midwife at an IVF clinic describes male patients:

> The man usually comes wandering in slightly behind and can be a bit arrogant. They don't look you in the eye when you talk to them. You can see they just want to disappear, and of course, having totally worthless sperm samples isn't easy. Then he just puts all the blame on himself. You feel really sorry for them, there's so much asked of them. But the girls, they're really positive and talk a lot while the man is very quiet. But then when the baby's born something clicks! He's most often the one who holds the baby, he really feels that he is someone again.

The midwife accurately recreates the atmosphere that marks men's and women's ways of dealing with the sensitive situation prevailing in the IVF clinic, a situation in which the man above all is part of a very special context. My male informants often express the feeling of helplessness provoked by the inability to produce children, an impotence that shows itself on many levels, not least in the waiting room. There is often a highly charged atmosphere here, as well as a very special interpretative template, which leads one's thoughts to the Male Gaze, but which should rather be described in terms of a Female Gaze.

Other health care staff also note the image of inequality that occurs among the couples, that the men stay a few paces behind their partners as they enter the reception area. Later, in the waiting room, they often sit "waiting, looking a bit sullen like these men often do," says a nurse. Sometimes the man's behavior causes wonder, but more commonly, the reaction among staff is that of criticism. It would be easy to interpret the situation at the clinic in the same way as the midwife above did, that is, as representative of natural male/female behavior, but if we are to bypass these stereotyped descriptions of gender roles, of contact-seeking women and quiet men, then it is important to develop a broader context.

In the Western world, pregnancy and the examinations associated with it are matters between the mother and the doctor. This institutionalization of giving birth has often resulted in a complicated relation between the individual and the health care apparatus, not least in terms of medical competence being represented by a male doctor with a female patient. In the medical arena, the father has been a figure in the background, seldom seen. His participation in the pregnancy has normally been limited to sexual intercourse, and in latter years, visits to the ultrasound tests and his presence in the delivery room. With assisted fertilization, the situation becomes totally altered. Male participation is removed to a clinical environment that is, in addition, a typically female arena, an arena that is charged not only with women's most special and intimate experiences, but also with these patients' vulnerability. For a childless man to find himself in an area dominated by women and in a subordinate position, he can easily experience aroused feelings of alienation and insecurity (cf. Hagström 1996).

This becomes all the more clear when one realizes that the man's presence, unlike the woman's, is for one clinical necessity only. When the woman is asked into a room, it can be for an interview, a blood test, or a gynecological examination. The male's participation, however, is limited to those occasions when he fills a lab glass with sperm or urine, regardless of whether it is he or the woman who is infertile. It is, after all, the woman who is the center of attention and who is to give birth to the baby. A male informant considered that "as a man you aren't worth much when you go in, it's all about her." Mats said, "I got there, gave my sperm and left; there wasn't really much else I could do." These men are forced to wait passively without any chance to become part of the chain of events, of reproduction.

The Threatened Sperm

Many analyses report the displeasure women may experience during gynecological examinations (Jordanova 1989). The men I met at the clinic were certainly not put in such physically vulnerable situations, but they experienced an awkward social exposure connected with the production (and examination) of their sperm. One man told me of the time he was to give sperm. With mug in hand, he was shown into the toilet, and he was then to turn off a light outside the room when he was finished. "I stood there knowing that everybody knew exactly what I was up to in there, everybody! It was terrible!"

Being brought, even temporarily, into the middle of this women's world after sitting on the perimeter is not easy for these men. This is apparent in the waiting room and even more so when confronted with the laboratory staff. One man told me about his humiliation when offered a microscope with which to observe his own sperm. "They wanted me to see for myself that there were only a few that functioned and that the others were slow; it didn't feel too good to see

those poor slow ones that couldn't get in anywhere. It was like a big failure, because you know what they say," he added with a little embarrassed laugh, "that's where your manliness is" (cf. Petchesky 1987; Turkle 1996).[8]

This man knows that his sperm have to move fast to be able to make the connection with the egg. His "slow sperm" are deviants from the so-called norm. Normality is thus explained in both medical and colloquial terminology by the use of terms denoting competitiveness such as "spermal competition," "sperm rivalry," or "hurdle-racing" (Lundin 1997a).[9] These terms cause discomfort in many male patients, and this is not solely based on biological grounds—that their sperm is not wholly healthy—but also on uneasiness about the links between competition, battle, and manliness. The listless sperm serve to confirm not only an impaired bodily function, they also question the patient's manliness and identity. It was precisely this physical evidence of unmanliness that my informant observed through the microscopes.

When the man leaves a sperm sample and feels all the stares, a complex picture of masculinity is actualized. This concerns both those men who are the cause of a couple's childlessness and those men who donate sperm for fertilization. It is here that we can recognize the notion that male sexuality is a precondition for a child's inception. Without ejaculation and the release of semen, there is no sperm, and without sperm, there is no child. It is in this unavoidable connection between sexuality and the production of a child that the image of manhood is shaped. Here lies the physically obligatory connection between sexuality and masculinity, a construction that allows the sexual release to become a confirmation of male competence.

However, the lifeless sperm shows with great clarity how fragile this constructed connection is, how infertility leads to "a feeling of worthlessness in bed," as Mats says, and being "unmanly in every way." Poor semen not only destroys a future as a father, it penetrates the core of self-identity by calling into question the man's sexual prowess, his manliness. Such vulnerability is, as we have seen, contrary to what our culture usually associates with men in the image of the powerful life-giving man and the receptive woman. Parallel to this analysis that uncovers the fundamentals of patriarchal Western culture are the issues of male power and dominance. The possession of power often has a downside: the need for constant reaffirmation creates an anxiety over the loss of control. From this perspective, one can understand that many men—when they are placed in a kind of feminine subordinate situation at the IVF reception area, and are scrutinized by both the Male Gaze and the Female Gaze—create for themselves a shield of thorny silence. They can also feel helplessness or panic when their sperm is analyzed, their potency and power being called into question.

Constructing Parenthood

The link between reproduction and gender identity is different for men and women. Women's and men's infertility have always been painful, but women

have, in addition to that, been the center of attention for a thorough treatment program. Their wombs have often been described as wells that can all too easily dry up. In the Swedish peasant society of the nineteenth century, childlessness was defined in the first instance as a woman's problem. The childless wife was a *gallko* ("a barren cow"), who brought misfortune on the marriage. Metaphors like this clearly suggest the female area of responsibility, which is to give birth to and bring up children.

If we listen to Eva's view of the absent pregnancy, when the childlessness was still assumed to be due to her, it is clear that she felt threatened not only as a person but also as a woman. The difference between Eva and her husband, and this is a frequently recurring pattern among other involuntarily childless couples, is that Eva's low self-esteem is not primarily related to her own sexuality but is associated with not being able to be a mother and with not being able to "have anyone to love who is a part of myself."

Eva and other women talk about how important it is to have an outlet for this feeling of sorrow, not having a child to take care of. This desire to "care for" is described by these women as an instinctive part of womanhood, as primeval as reproduction itself. In a woman's world, whether it be at the workplace or with relatives and friends, there is, as my informants as well as many studies point out, a great deal that revolves around the family (cf. Uddenberg 1982; Wirtberg 1992). Here, in contrast to how most men behave with each other, it is communication about children and family that is the entrance ticket to the social network. Not being able to offer any shared experiences, talk about the baby's colic, or exchange advice about the best diapers, draws attention to these women's biological and sociological exclusion (cf. Hagström 1996). Infertility becomes not only a hindrance to the production of a child but also to identification with a typical woman's role. Many childless women therefore experience life in a vacuum, leaving them socially paralyzed. Many, nevertheless, attempt to break out of this isolation by talking to their mothers, close friends, or other women in the same situation.

Men, however, often choose to remain silent about their infertility.[10] Near relatives may be informed, workmates less often. This silence grows out of cultural constructions that link fatherhood with sexuality, or to use another male informant's words, being childless is "being a failed stallion."

A Child That Looks Like Me

When Mats and Eva received the news that their childlessness was due to malformed sperm, they were forced into a whole new plan of action. Until this point, their thoughts had revolved around hormone therapy and even touched upon insemination. Eva had even pondered adoption, which is a real alternative for infertile women in Sweden, where the law forbids egg donation.[11]

Adoption had never been a viable alternative for Mats, however. From the moment when their involuntary childlessness became reality, his thoughts

had hovered around the hope of a biological child against all the odds. This dream crashed with the news of Mats's poor sperm quality. No matter which strategy they chose, adoption or sperm donation, he would be cut off from the genetic links to any future child.

Mats and Eva's thoughts concerning the biological and social aspects of parenthood remind us how other childless couples view these issues. One usually finds a feeling of doubt about adoption, regardless of who is the cause of the childlessness. Lars, for example, thought this way: even though his wife's prospects of pregnancy aided by IVF were minimal, he favored this biomedical method as the only possible alternative. Another man, Gösta, who together with his wife was in treatment at the same Women's Clinic as Mats and Eva, stated how important it was to "first have something of your own," before even considering adoption.

It is probable that this yearning for a biological child originates from a general problem that is attached to the father's role in Western culture (cf. Stone 1997). In contrast to motherhood, fatherhood is characterized by an insecurity, a feeling of being slightly left out at the beginning because of the strong connection between mother and child. The father has always been surrounded by a certain biological uncertainty—to which various forms of paternity suits in the past and in the modern world bear witness.[12] It could be this insecurity that often leads men to prefer biomedical treatment. With the aid of technology, it is possible, as a childless man points out, "to be part of the symbiosis; I mean, the conception outside the body gives us [his wife and himself] the same experience." Further, for the first time in history it is now possible, with DNA profiles, to establish with almost total certainty who the father of a child is. This technique allows examination of genetic profiles in order to remove any doubt about family relationships.[13] Fatherhood can also be verified in even more concrete terms, says one doctor, "when the IVF couple go to the laboratory and see with their own eyes how sperm and egg join together. It's a bit strange that it is only through childlessness, when your body has left you up the creek, that you actually get a chance to grasp conception."

This is perhaps why so many childless men prefer assisted fertilization to adoption. It is clearly important for many men to receive confirmation of the physical kinship with the child. "A child of my own who looks like me" strengthens the connection between genetic reproduction and fatherhood, between biology and identity. Gösta, mentioned above, says that he wants to have something of his own, "but now I can consider adoption because I've got the evidence that we can have children ourselves."[14]

Sensitive Women and Rational Men

In both yesterday's and today's traditional women's role in the Western world, there is an inherent expectation of a natural caring mentality. This gender-

distinct principle consequently affects the way our life is organized. As I have discussed above, this is a cultural construction linking reproduction with, on the one hand, female social competence and, on the other hand, male sexual competence.

These norms obviously do not prevent those childless women whose experiences I have discussed here (or their partners) from dreaming of a biological child. This wish is often described as a purely physical desire for a pregnant body, breasts heavy with milk, and fetal movements under the skin. The soon-to-be middle-aged Sigbritt describes with great insight this desire as a yearning to be taken away, "from the flat-breasted, officious, briefcase-carrying bureaucrats to the association of the wise and experienced, those who know."

But even in the face of such a powerful yearning for a motherhood firmly based upon the body, it is still possible to conjure up a more all-embracing feeling of parenthood. Many women maintain that they have a natural capacity to take care of children, their own and other women's. One woman told me that she would look after "any child who looked scared in the playground." Her husband, however, "would probably find it hard to take a direct liking to another child."

Where children are concerned, this natural empathy of women and instinctive doubtfulness of men is often expressed. Statements such as "women find it easier to look after other children because they're so sensitive" are paralleled by the idea that "men are more rational."

Many of today's notions about innate womanly and "real" manly characteristics are based upon a view of humanity that entails a clear division between body and intellect, between nature and culture. The human body is a well-known and commonly used metaphor for collective structures, an image in which the "head" is given the superior role, while the rest of the "body" is of necessary, although lesser, relevance.[15] This metaphor enables the description of the family organization and the consequent gender-specific values that infuse our culture. This is a question of a tacit cultural understanding whereby male attributes are welded to the intellectual productive sphere and women to the caring and reproductive functions (cf. Corea 1988). The family thus appears as an organic unit guided by the male head.

The genetically programmed "sensitive" woman and the reflective man surveying the prospects of parenthood manifest this dualistic value pattern. From this perspective it becomes easier to understand why my informants see the man's craving for a child of his own in terms of rationality; that is, that the reluctance about adoption is described as an intellectual act, not as an emotional expression of longing for a genetic link to the child.

This idea lets men give prominence to the importance of "having our own child" while their wives can feel that "the biological umbilical cord is strong but that adoption also creates an umbilical cord." Within the framework of this thought process, women can maintain their femininity in a variety of ways; biological motherhood can be replaced with that of social motherhood,

which is inherent in adoption.[16] On the basis of their socially creative gender possibilities, all women thus possess the ability to participate in that association that Sigbritt mentions above, belonging "to those who know."

If we leave the discursive level, however, it becomes clear that the gender-determined ideas do not always correspond to my informants' everyday practice. Here we find instead men who are victims of their longing and need for a child of their own, and women who view adoption as a way to give a needy child a family and themselves a mother's role. The idea of sensitive women and rational men thereby has its counterpart in matter-of-fact women and emotional men.

Anachronistic Genetic Ideals

Today we live in a society that demands equality between the sexes in a way that is completely different from anything in the past. And even if there are justifiably many people who point out the lack of impact that these demands have had on society, there is a great difference between the late twentieth century and conditions in the previous century. Shared custody of children after divorce, shared parental benefits, common parental training courses, and diverse economic measures are only a few Swedish examples. Expectancy of equality even exists within people's love lives; this wish for mutual sensuality and passion reflects a specific state of affairs in modern society.

Spouses today work in different fields, in contrast to the previous century's agricultural society where husband and wife were held together by farming and other shared activities. When togetherness in work no longer plays the most important part in a relationship, then other links are required, such as love. However, the late twentieth century has not only resulted in a break from the framework of the family economy, but also a liberation from the necessary connection between reproduction and sexuality. As contraception allows sexuality without children, one can see that assisted fertilization allows children without sex. Giddens (1993) called this relation "plastic sexuality," and argued that the transformation of the love life also should be seen in the light of women's battles for equality; it thus holds the potential for emancipation.[17]

His reasoning is useful for understanding the importance placed on fertility, sexuality, and romance today; an intimacy is created here of a kind that was previously unseen, as is an emotional togetherness requiring care and attention. It is in this mutual project that the couple finds confirmation—when the man becomes a man and the woman emerges as a woman. It is a relationship in which both partners' needs are to be satisfied. Previous notions about passive women are being replaced with a new focus on both partners' common pleasure. A romantic institution such as this undoubtedly creates a situation of mutual dependency, in which each partner needs to see certain aspects of his or her own identity reflected in the other. Special requirements are

demanded here, not least of all from the man. What was once his right to sexual discharge has been reshaped to an expectation of satisfying the woman's sexual desires and thereby sealing the romance.

An analysis of modern love and plastic sexuality provides us with a perspective from which to view the situation prevailing at IVF clinics. It is evident that present-day perceptions of men and women to a certain extent oppose childless people's own daily reality. Today's society is permeated even on a general level by different gender models. Among the many varying notions we have today, alongside those concerning gender equality and emancipation, is the notion that men have deeply rooted urges, impulses that are difficult to control, while women are ascribed a more controlled sexuality which easily turns them into erotic objects (cf. Salomonsson 1998).

The medical arena accentuates this confrontation between tenacious structures and modern ideas about gender equality. Technology's potential to allow women to become pregnant without sexuality may thus reduce women to receptacles, which as we have seen does not necessarily imply their subordination to the male partner. The male's childlessness, however, means that his potency is easily questioned. IVF sets new expectations on sexual competence—demands that, instead of arising from older phallocentric values or modern equality, concern the fact that these men are in demand as sperm producers (cf. Connell 1995). In this context, the concept of semen, and above all life-giving semen, is more than ever a sign of virility. And more than ever, the modern understanding of potency is linked to a noticeable perception of masculinity as being bound to biology.[18]

Earlier presumptions about men and women are thus actualized in the IVF clinic; images out of step with the outside world that is continually changing and developing with new material at hand. This implies that at the same time that childless couples go through IVF, they experience things lying outside the medical treatment. They assimilate something quite different from what one would have assumed. For example, when men look via the microscope into their bodies and see listless sperm, they obtain a medical perspective and a concrete picture of their (reduced) masculinity. This is a learning process that materializes otherwise vague conceptions about body and identity. Thus, in the IVF clinics not only children are produced but also normative ideas about gender and family. The clinic can be the site of remarkable connections between important questions and microprocesses, between cultural patterns and personal identity. The route through the treatment therefore becomes a highly existential journey, a biological and cultural learning process of an unforeseen nature.

Notes

1. My studies of artificial reproduction are largely based on interviews with childless couples and health service staff. The empirical material was collected from 1993 to 1997. The basis for

this chapter is a broad corpus of ethnological research material on reproductive technology (see Lundin 1995, 1996, 1997a, and 1997b). Unless otherwise stated, quotations come from my own interviews.

2. Sweden, Norway, and Germany are restrictive countries in terms of IVF. Traditional IVF is allowed, as is sperm donation. All other forms, for example, egg donation, surrogate mothering, or treatment of single women, are forbidden.

3. Foucault's discourse analysis and Derrida's deconstructionism have been important sources of inspiration as a starting point but are also open to question (Foucault 1973, 1981; Derrida 1986).

4. The first child by insemination was born in Germany in 1834. Today, there are various methods for depositing the sperm directly in the egg, such as Subzonal Insertion (SUZI), Partial Zonal Dissection (PZD), and Intracytoplasmic Sperm Injection (ICSI). Assisted fertilization nowadays involves men as well, to a large extent. At certain Swedish clinics, about 59 percent of the patients are men.

5. Compare also the situation in present-day cultures, for example, Sachs's (1993) discussion of the Singhalese outlook, according to which reproductive responsibility is not primarily ascribed to the individual's biological characteristics but is sought in the social environment. Similar causes could be cited in preindustrial Swedish peasant society; a woman's childlessness could be caused by someone putting the evil eye on her.

6. Laqueur (1994) discusses the links between reproduction and sexuality. He points out that the nineteenth century saw a growing scientific zeal to scrutinize human biology, interpreting women's sexuality as being of no significance for conception, while men's importance was stressed, with their potency playing a crucial role.

7. Nor were there any words that could lead the reader's thoughts to the reverse of the female ideal, the destroyer who lures and devours the man.

8. Petchesky (1987) observes how different optical equipment is presented as objective data (see also Turkle 1996).

9. Fighting terminology is also prevalent in the media (see Ideland 1997; Lakoff and Johnson 1980).

10. The State's public investigations use the following terms: "Insemination has until now been carried out behind closed doors, the aim being that no outsiders should be able to find out that insemination has taken place. Reproduction through insemination has obviously been seen as embarrassing to a certain extent. Due to this approach parents involved with insemination have been unable to discuss the process with anyone outside the clinic." *SOU* 1983 42:94 (see Wirtberg 1992).

11. According to Swedish law today, egg donation is forbidden but is still under investigation. Insemination with the husband's sperm is allowed, as is sperm donation (see Statens Medicinsk-Etiska Råd 1995).

12. Historian Gillis states that this insecurity leads to specific rituals. In England during the eighteenth century, the man was enjoined to take on the caring parental role, to arrange the birth and look after the baby (Gillis 1992). One could even discuss if this insecurity is something that today's women can suffer from; egg donation and surrogate mothering alter women's preconceived biological functions and can possibly therefore create new motherhood patterns.

13. DNA profiling (according to the English company University Diagnostic Limited in London) is aimed at those who wish to identify their true father or mother, those who are involved in cases of disputed paternity, and those who wish to confirm their family relationships to satisfy immigration requirements (see Marteau and Richards 1996: 254–55). In Sweden, the Department of Forensic Medicine deals with these issues.

14. Many infertile men, for whom sperm donation is an alternative, choose IVF rather than adoption. This form of assisted conception also seems to confirm a sense of belonging and fatherhood. Several men point out that they feel involved, since the wife is pregnant and they can thus follow a biological process. The longing for equality with the child can moreover be better satisfied by IVF than by adoption. Adopted children in Sweden are usually of a different ethnic origin from their Swedish parents. When choosing sperm donation, the couple can be sure that the donor belongs to the same ethnic group as themselves. This increases the chances of physical similarity between fathers and children (Lundin 1997a).

15. Most systems describe leaders such as statesmen or religious heads whose duty is to control the people; this kind of symbolism is very powerful—the association with the body allowing the metaphor to appear as pure and immovable as the biological prototype (cf. Douglas 1966; Zelizer 1993; Åkesson 1997).

16. As I have pointed out in other contexts in a way similar to this, women who concentrate totally on motherhood through IVF actualize precisely this biological possibility (Lundin 1996). The image of the pregnant and breast-feeding woman is in focus here (see Ragoné 1994).

17. Giddens (1993) discusses the transformation of the love life as a result of women's battles for equality. Plastic sexuality is Giddens's term for decentered sexuality, freed from the needs of reproduction. "It frees sexuality from the rule of the phallus, from overweening importance of male sexual experience" (1993: 2). Giddens's discussion of gender is important but at the same time too harmonizing. As many feministic and gender-oriented studies point out, the phallocentric mental concept is even today one of the most important foundations of Western culture.

18. When we unveil the mechanisms that shape prototypes of men and women, their biological essentialism, it is easy to see just these specific categories and not the dynamic relation that exists in between. In other words, the woman is always given the subordinate role, and the man is exposed to the Female Gaze. An altogether biased gender deconstruction can result in new unequivocal truths whereby gender concepts apply to bygone days or to other societies; that is, that the mental construct of the rational man and the caring woman appears as a historical constant.

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